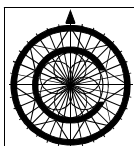


SECOND QUARTERLY PERFORMANCE REPORT

01 January 2003 – 31 March 2003



Submitted to:
USAID/Manila



By:
Chemonics International Inc.
Contract No. 492-C-00-02-00031-00

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PHILIPPINE TIPS
(Tuberculosis Initiatives for the Private Sector)

CONTRACTOR:	Chemonics International, Inc.
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I. EXECUTIVE SUMMARY

The second quarter of the TIPS project focused on pursuing the initial activities of the work plan. In the process, the team validated some of the assumptions used in the work plan and deepened the situation review for the tasks. The findings were used in the semestral review started in the latter part of this quarter.

The significant accomplishments for the quarter are summarized below:

- Completed the Burden of Disease study and presented it to USAID, TB policy group, and other stakeholders in symposium and technical roundtable discussions; arranged for media coverage of the symposium and prepared news and feature articles to publicize the results of the study.
- Organized the TB Policy Group in cooperation with PhilCAT, which now acts as the forum for policy discussions; an effective means of organizing policy stakeholders in lieu of immediately forming a TB Policy Commission.
- Commenced the Policy Analysis of private sector participation in TB DOTS, including a review of policies on DOTS service delivery and financing.
- Finalized the OR agenda for the first year work plan in consultation with the OR Working Group.
- Pursued development of DOTS models; TIPS, as advised by USAID, dropped the school-based DOTS model.;
- Conducted PhilCAT strategic planning.
- Commenced development of the DOTS certification system and the TB DOTS core syllabus for medical schools.

The targets for the next quarter include the following:

- Complete of the semestral review and submission of the revised First Year Work Plan to USAID.
- Complete the Policy Analysis of private sector participation in TB DOTS, which will establish the policy agenda.
- Conduct initial OR studies, particularly those in support of the DOTS model development, and the baseline study on TB service providers.
- Continue the development of DOTS models, particularly hospital-based (Manila Doctors Hospital), clinic-based using a franchise-like set up, local coalition (Cavite), multi-specialty practice group (FriendlyCare), HMO-based (PhilamCare) models, and documentation of the Unilab experience, as a model for 'corporate social responsibility' service.
- Continue the organizational development of PhilCAT.

- Complete the certification system and DOTS core syllabus and facilitate their adoption in PhilCAT and Philippine medical schools, respectively.
- Complete an integrated communication strategy for TIPS.
- Commence studies on DOTS financing framework and financial analysis of DOTS models.

II. OBJECTIVES, TASKS, AND DELIVERABLES

In support of USAID/Manila's SO 3, IRs 2.1, 2.2, 4.2 and 4.3, the TIPS project has been charged with the following objectives, tasks, and deliverables:

1) Objectives

Contribute to reducing TB prevalence in the Philippines, specifically, increasing the successful diagnosis and treatment of TB patients by increasing the use of DOTS in the private sector. Further, the project will address the implementation and standardization of TB control and management in the Philippine private sector, and focus on improving public-private partnerships by assisting with the development of institutions that will establish strategic and sustainable measures toward long-term TB reduction.

2) Tasks

The project will focus on the following six tasks:

Task 1: Enabling Environment. Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers.

Task 2: Operations Research. Best strategies identified to improve and expand DOTS implementation in the private sector.

Task 3: Develop/Create DOTS Models. Private sector models developed, implemented, and assessed at regional or local levels.

Task 4: Replication of DOTS Models. Best approaches/models are implemented and adapted in at least 25 strategic, urban sites nationwide with a potential for replication beyond those 25 sites.

Task 5: Training, Certification, Communication. Sustainability of all TB programs strengthened through improved teaching and training in medical schools; improved treatment behavior of private service providers, project promotion, and support to other project tasks through an integrated communication program.

Task 6: Financing. National health care financing schemes that strengthen private sector delivery of TB control and cure services developed and implemented.

3) Deliverables

The project has seven deliverables. The first is an overarching deliverable, while the remaining six correspond to each task aforementioned.

- A. Baseline TB success rate data, baseline on knowledge, attitude and practices of private physicians on TB treatment, and a scale of measurement indicators of achievement of contract objectives.
- B. A comprehensive packet of policies, guidelines, and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.
- C. Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.
- D. Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.
- E. Best TB DOTS approaches/service models implemented in at least 25 strategic urban sites nationwide.
- F. Teaching and training of TB DOTS conducted in medical professional schools; and, an integrated communication campaign implemented to improve treatment behavior of private service providers, promote the project, and support other project tasks.
- G. Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

III. PERFORMANCE OBJECTIVES AND ACCOMPLISHMENTS FOR THE QUARTER BY TASK

1) Deliverable A: Baseline Data Collection and Monitoring & Evaluation Plan

Objectives:

- Establish baseline data on KAP of physicians prior to full scale implementation of project interventions.
- Initiate team activities leading to the preparation of a coherent M&E Plan.

Targets:

- Review/ flesh out task specific work plans.
- Review previous studies done on private physician's KAP.
- Hold workshop on M&E Plan and finalize Plan.

Baseline Data Collection: In the second quarter of project implementation, the health systems advisor reviewed the following studies:

- Current Trends in TB Management by Private Physicians in the Philippines: A Survey in Five Private Health Settings (PhilCAT and CDC, 2002); and,
- Private Practitioners and TB Control in the Philippines (Medicos Del Mundo)

The project will conduct a separate study, that will generate information on the location of physicians to help with the targeting of DOTS replicants, as well as data for objectively comparing project performance indicators.

Monitoring and Evaluation Plan: The team continued to discuss and improve the initial M&E framework. The workshop to review and finalize the M&E plan is scheduled for May 2003, to allow for urgent project activities and the travel restrictions imposed during the months of March and April.

2) Task 1 (Deliverable B): Enabling Environment

Deliverable B: A comprehensive packet of policies, guidelines and regulations developed and instituted at the national and local levels to promote appropriate, complementary implementation of TB DOTS treatment by private providers.

Objectives:

- Help establish a favorable policy environment for public-private sector participation in TB control.
- Promote a dynamic public-private sector collaboration for TB control.
- Develop policy tools for implementation at the local and national level.

Activities

- Complete and launch the Burden of Disease Study.
- Convene the multi-stakeholder core group of TB policy advocates.
- Prepare TB policy agenda.

Targets:

- Finalize BOD and present results to various stakeholders.
- Undertake TB policy assessment.

Burden of Disease Study: Envisioned as a wake up call, the study, "Measuring the Economic Burden of Tuberculosis in the Philippines", was released in January 2003 and generated wide media coverage by local and international press agencies. The results of that study were presented to key TB policy stakeholders and researchers in a widely publicized TB Symposium held February 5, 2003. Participants included leaders of physician associations, HMOs, TB patient advocate groups, labor, industry, and PhilCAT. International groups were also present from USAID, JICA, JBIC, WHO, CIDA and Medicos del Mundo. The event was widely covered by local and international media agencies. The study generated numerous inquiries, discussions and media attention, highlighting the findings of the study, particularly the enormous economic impact of the disease.

Policy Assessment: The policy assessment team was mobilized in mid-February and has developed a policy assessment framework to identify factors that impede private sector participation in TB control. The primary objective of the Policy Assessment is to evaluate the implications of existing TB policies, programs, and instruments on private physicians' provision of DOTS services. The evaluations will be limited to the direct and anticipated effects of policies on the attitudes of private physicians toward DOTS services. To meet this primary objective, a policy inventory, involving an evaluation of relevant policies, programs, and instruments, will be performed. The identified policies, programs, and instruments will then be analyzed to identify policy and research gaps and areas of possible policy interventions. In coordination with the TIPS technical team members, the policy assessment is being conducted to support the development of workable DOTS models.

The study is progressing with key informant interviews and focus group discussions with providers scheduled in April. A focus group discussion with the financing institutions was held April 13, 2003 and attended by representatives from PhilHealth, SSS and FortuneCare (a major HMO that covers public school teachers, police, and other low income groups). As a sequel to the policy assessment, an action plan will be formulated to implement policy development activities in the areas of service delivery and financing.

TIPS conducted a technical roundtable discussion in March to address the epidemiological and socio-economic issues of TB. More than 20 participants, including the JICA Chief Advisor, Dean of the UP College of Public Health, Chair of UP Clinical Epidemiology, Chair of the FEU Community & Family Medicine, Director of La Salle TB Research, Director of UP Institute of Health Policy, and the OIC of DOH's Infectious Disease Program attended the session, which clarified technical issues raised after the release of the BOD study.

The TB Policy Forum convened on March 19, 2003 as a sequel to the TB Symposium. This forum presented the TB policy assessment framework that will be used to guide the on-going policy assessment project. Over 40 participants from key TB policy stakeholders attended.

TB Policy Core Group: The TB policy core group is being formalized from the membership of the TB Summit that was jointly convened by the DOH and PhilCAT in March with project support. The core membership consists of experts who have consistently attended and participated in TIPS symposium series, roundtable discussions, focus group discussions, and key informant interviews. The policy core group will be formalized with an ad hoc leadership with which TIPS will work. To supplement these activities, a series of educational and policy development activities will be undertaken, including TB Symposium series and roundtable discussions.

Support to Current Policy Initiatives: TIPS supported the ratification of the "Comprehensive and Unified Policy for Tuberculosis Control in the Philippines" (CUP), which was developed by a group of multi-stakeholder, government, and private sector members. The group, referred to as the TB Summit Committee, was convened through a Department Order of the DOH and organized jointly by PhilCAT and DOH and chaired by Dr. Rod Romulo. The private sector sub-group, chaired by TIPS, sponsored the ratification and signing of the CUP, organized the media coverage, and press releases related to this event, and assisted in drafting the Executive Order affecting the CUP and its guidelines. The Executive Order (EO 187) was recently signed by the President and covered the following:

- adoption of National TB Program guidelines in government agencies;
- adoption of NTP guidelines in private sector TB treatment protocol;
- revision of GSIS, SSS and ECC guidelines on availment of TB benefits to be consistent with NTP guidelines; and,
- formulation of PhilHealth's outpatient TB benefit package.

3) Task 2 (Deliverable C): Operations Research and Related Studies

Operations Research Agenda: The Operations Research Working Group (ORWG) convened in January 2003, consisting of the TIPS technical team, USAID CTO for TIPS, WHO Country Representative, DOH National TB Program Coordinator, and the JICA TB Coordinator. In the preliminary meeting it was agreed that the ORWG will act as an advisory body to TIPS on the identification and prioritization of its OR agenda, as well as a sounding board to discuss findings and recommendations of the studies. Also in this meeting, the group established criteria for prioritizing OR activities and discussed the initial list of topics compiled by the health systems advisor. TIPS incorporated the ORWG's inputs in developing the detailed Year 1 OR work plan. Two high priorities identified by the ORWG is the conduct of the baseline study on private sector TB service providers and a situation analysis of four proposed DOTS models, i.e., hospital-based (Manila Doctors Hospital); clinic-based (Cavite PPM), HMO-based (PhilamCare), workplace, and multi-specialty (FriendlyCare).

Operations Research Studies: The preparation of a situation analysis tool will be undertaken to support DOTS model development by defining the existing practices of private sector providers and offering a basis for recommendations. A situation analysis will precede all pilot model implementation and will also be used in follow-up assessments of the models. The tool developed could be modified for use as a diagnostic instrument for *de novo* DOTS settings if necessary.

The procurement process for the Basic Ordering Agreements was started in January and was substantially completed by March. Seven of the 12 local organizations participating in the bid were found to be technically compliant. However, some administrative issues were identified with select firms which need resolution prior to the award of the BOA. Currently, five firms are ready to receive the BOA and award to two additional firms is pending.

4) Task 3 (Deliverable D): Private Sector Models Developed, Implemented, and Assessed

Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication

Objectives:

- Finalize the framework and approach for the development of models.

Targets:

- Develop situation analysis tool.
- Conduct a situation analysis of the existing models.
- Approve PBSP work plan for DOTS in the workplace.

DOTS model development: Discussions were pursued with DOTS pilot implementers to begin detailed development of programs to be implemented. It was determined that an assessment of the FriendlyCare model will assist with the expansion of DOTS clinics within FriendlyCare sites as well as other existing multi-specialty clinics in urban areas. An orientation on the project and

DOTS service delivery was provided to a number of MDH pulmonologists and infectious disease specialists. This orientation also served the purpose of encouraging buy-in from that group which is likely to influence the DOTS center in the hospital. During the second quarter of project implementation, confirmation of PhilamCare's participation in the model development was also obtained.

The workplace model being developed by PBSP has proceeded as scheduled. Following approval of the subcontractor's work plan, the organization proceeded with the preparation of an assessment tool for candidate pilot sites. The pilot sites initially consisted solely of large-scale workplaces, but were later expanded to include at least one medium-sized workplace. The assessment was conducted in February, and by March a workshop was held to present the results and to strategize on the structure of the model in the candidate pilot companies. Initial indications on the structure of the workplace model include the following variants: stand alone/full DOTS service delivery on site, partial service delivery on site (most likely the observed therapy component), and referral to an RHU or HMO.

The school-based DOTS model seems unlikely to develop into a full DOTS service, and the technical team and USAID have agreed not to pursue the school as a site for a TIPS-implemented DOTS model.

New model possibilities were also explored by the TIPS team. As requested by USAID, discussion has been initiated with the St. Luke's Medical Center to explore the possibilities of conducting a situation analysis of that institution's DOTS Center. This center is currently used to provide services to U.S. immigrant visa applicants. The objective of this study is to determine if the St. Luke's program is replicable in other sites, enabling the embassy to accredit other providers and make the service more readily accessible to visa applicants infected with TB. This is especially important given the new requirement for visa applicants with TB to complete DOTS treatment before traveling to the United States. Currently only St. Luke's is accredited to issue medical certificates for the U.S. Embassy.

Another potential model explored by the TIPS team is faith-based DOTS service delivery. Exploratory discussions have been conducted with Couples for Christ, which has indicated its interest in providing DOTS service as part of its *Gawad Kalinga Program* with indigent communities. The opportunity to work with faith-based organizations will be further explored by the TIPS team as an adjunct to DOTS model development.

5) Task 4 (Deliverable E): Replicate models

Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide

Objectives:

- Pursue organizational development assistance to PhilCAT.

Targets:

- Provide technical assistance to support OD of PhilCAT.

Consistent with the approved work plan there will be no programmed activity on model replication until September or October 2003.

PhilCAT organizational development: Currently focused on organizational development, the PhilCAT strategic planning workshop was conducted in February 2003. Prior to this workshop, a study team conducted an external and internal analysis of PhilCAT, using secondary information, key informant interviews, and focus group discussions. Validation was undertaken in the workshop and consensus was issued on the vision, mission, and objectives of the organization, as well as key result areas and performance indicators. These were then used to develop the strategies, programs, and targets for PhilCAT. The results of the workshop were consolidated and processed by the study group with the PhilCAT board in a post-workshop meeting.

6) Task 5 (Deliverable F): Training, Certification, and Communication

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools; and, preparation of an integrated communication campaign to improve the treatment behavior of private service providers, promote the project, and support other project tasks

Objectives:

- Finalize DOTS providers certification system.
- Begin the preparation of the core TB DOTS syllabus.
- Prepare an integrated communication strategy for the project.

Targets:

- Prepare the certification system and operating arrangement for PhilCAT to provide the service.
- Begin the preparation of the DOTS syllabus.
- Prepare the framework for the integrated communication strategy and expound on the communication work plan.

Tasks 5.1 and 5.2 Training and Certification:

DOTS Core Syllabus for medical schools: Significant progress has been made in the preparation of the DOTS syllabus. Results of the needs assessment survey conducted among a majority of medical schools (through the Association of Philippine Medical Colleges) were presented to the TIPS team and a copy was provided to USAID in March. The TB core curriculum is being finalized by the consultants, Dr. Camilo Roa and Dr. Melflor Atienza. This plan will incorporate the results of the review of subject and problem-based curricular tracks. The TB DOTS core curriculum and master plan is being circulated among an expert panel composed of Dr. Tan Alora, Dr. Fernando Sanchez, Dr. Helen Hernandez, Dr. Erly Sana, and Dr. Jennifer Mendoza Wi, and advised by Dr. Takeshi Kasai. Once the draft syllabus is validated and refined by this committee, it will be presented to the Deans of the APMC for approval and implementation.

Training: Groundwork has been laid for the development of the TIPS training program, based on a training-of-trainers approach. The program will focus on training of physicians and other DOTS providers, as well as training of certifiers on the use of the certification system developed by TIPS and use of the quality assurance manual.

Several groups have been identified as priority for the physician training. A Core Training Group consisting of PhilCAT members will be the first group to undergo training-of-trainers sessions, facilitated by a TIPS-sponsored consultant. Representatives from professional societies will then receive training provided by the Core Training Group. A tripartite MOA among professional

societies (Philippine College of Chest Physicians, American College of Chest Physicians-Philippine Chapter, Philippine Society of Microbiology and Infectious Diseases, Philippine Academy of Family Physicians, Philippine College of Physicians, Philippine College of Occupational Medicine), PhilCAT and TIPS is being prepared for this program. These professional societies will also benefit from training conducted by the core certifiers' group of PhilCAT. These beneficiaries will later train other certifiers nominated by professional societies.

DOTS Certification System: The certification system is in the final stages of development and subsequent ratification by PhilCAT. A written systems design manual describing the certification process and criteria was submitted and presented to the TIPS team and representatives from PhilHealth. A copy of this report was sent to USAID for review. The written certification criteria passed intensive scrutiny and numerous iterations with input from the TIPS Chief of Party and was approved by the Certification Review Group, composed of Dr. Charles Yu (PhilTIPS/PhilCAT), Dr. Madeleine Valera (PhilHealth) and Dr. Jimmy Lagahid (DOH). The criteria will be presented to the PhilCAT board and PhilHealth for formal ratification within the next quarter. Application and field-testing of the criteria was completed in March 2003, involving visits to six candidate sites in Metro Manila by a team composed of PhilCAT and DOH representatives.

5.3 Communication:

A full-time communication and advocacy program advisor joined the TIPS team during the second half of January 2003.

Communication support to other tasks: Most of the accomplishments under the communications task for this quarter focused on assistance to other tasks.

News media support was provided to the launch of the Burden of Disease study during the first TIPS TB Symposium Series. The project generated considerable media attention, including international interest from Agence France Press. Two major editorials were published in a leading broadsheet (Philippine Star) and a leading Filipino-language tabloid (Pilipino Star). Segments in news programs of major TV networks (ABS-CBN and ABC 5) were presented, as were news articles in most of the leading broadsheets, citations in articles of widely-read columnists, and inclusion in several news websites.

The news media stories caught the attention of Philippine President Gloria Macapagal-Arroyo, who instructed the Health Secretary to comment on the BoD findings reported in the news. News media interest in the BoD story continued throughout the quarter, with newspapers and columnists frequently referring to the economic findings of the study. Another iteration of media support was conducted to assist with the Burden of Disease technical roundtable discussion. A news briefing was conducted by the BoD team, led by the team leader, Dr. John Peabody.

Coordination meetings occurred with the ReachOut Foundation, particularly on the development of its media and promotional material, where TIPS technical staff acted as TB content experts. In March, this cooperation focused on the activities leading to World TB Day observance (March 24) and ReachOut's advocacy project to de-stigmatize TB and promote proper TB treatment for the public.

TIPS made strategic use of its partnership and technical support to PhilCAT by arranging, in conjunction with ReachOut, a series of highly effective media guestings as part of the promotion of World TB Day. In all, the project arranged for appearances of key technical team members on 12 radio talk shows and three television public affairs programs, including an extended segment in Kapwa Ko, Mahal Ko (My Brethren, My Concern), the oldest and most popular public service show in Philippine television. During World TB Day a major national broadsheet (Manila Bulletin) cited project findings in its lead editorial.

News media support also was provided to the National TB Summit in March, in close coordination with the press office of the DOH. The highlight of the Summit was the ratification of the Comprehensive and Unified Policy for TB Control in the Philippines.

TIPS' integrated communication strategy: Preparatory work was undertaken toward the establishment of the project's integrated communication strategy. Using the preliminary communication framework prepared by Chemonics' home office communication experts, the TIPS team identified key target audiences, messages and primary communication objectives. Collaboration was initiated between the TIPS project and, the communication officer at OPHN-USAID to develop a mechanism for generating "TB success stories" among the three USAID-funded TB projects. Profiles of the Philippine TIPS project and PhilCAT were prepared for the first TB symposium, which were included in a participant's kit along with basic TB information and a summary of the BoD Study.

A preliminary mechanism for in-house tagging (monitoring, collection, and dissemination) of news reports related to the project and relevant items on TB in the Philippines was established, as was a project image bank. These tools will assist with media management and photo documentation of project-related events and milestones. Furthermore, a listserve that will promote TB and DOTS knowledge sharing to assist the project in achieving its objectives is at piloting stage.

7) Task 6 (Deliverable F): Financing

Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

Objective:

- Assess the current financing policy for DOTS services.

Targets:

- Prepare a financing policy situational analysis as part of the TB policy assessment (in Task 1).

DOTS Financing Framework: To help assess resource allocation issues for TB control, TIPS is preparing a TB macro financing framework. As part of the ongoing policy assessment study, an analysis will evaluate TB funding sources and uses of these funds. A prototype of the TB Health Account will be produced to assist in the analysis of the TB financing policy issues.

TB Insurance Benefits Package: Also as part of the Policy Assessment study, various existing TB insurance benefits packages are being reviewed. These include PhilHealth out-patient TB benefits, SSS, GSIS, and ECC disability benefits and HMO outpatient benefits for possible coordination with the PhilHealth package.

Financial Modeling for DOTS Models: Inputs on TB financing were provided to the situation analysis tool developed through operations research to assist in determining the financial feasibility of various DOTS models.

IV. OUTSTANDING ISSUES AND OPTIONS FOR RESOLUTION

1) Task 1 (Deliverable B): Enabling Environment

- *The Chemonics consortium's proposal presented a "Commission Approach" strategy for TB policy reform. Current experience suggests that policy initiatives require active participation and ownership by stakeholders and the commission approach may not prove to be the most effective option. The TB policy infrastructure is not yet fully developed to facilitate the evaluation, selection and implementation of appropriate policy initiatives. DOTS service delivery, financing and TB patient rights are the three major policy areas that require reform, and current TB policy stakeholders have followed this natural grouping. The natural clustering can help facilitate the policy work for TIPS. The Council/Commission approach will be re-conceptualized and implemented with the full support of all involved.*

The TB Symposium has drawn wide support due to its open format, and this idea will be fully developed over the course of the next quarter. The policy core group, convened in the first TB symposium, was expanded to include select members of the TB Summit Committee. The symposium has proven to be an effective way to discuss ideas on key policy issues which need to be addressed. TIPS will continue to use the core group of policy advocates as a sounding board for its policy agenda. Subset groups will be convened as necessary for focused agenda.

- *The usefulness of a study tour for advocacy to potential council members is now in question. Continual refinement has been made and this is reflected in the TIPS work plan.*

The study tour is still not deemed necessary for its original purpose, related to Task 1. Other tasks may find the need for local or international study tours as project implementation continues, and these needs will be reflected in future work plans. In lieu of study tours, various educational and policy development-related activities related to Task 1 will be undertaken such as the TB Symposium series, roundtable discussions, technical briefings and other similar activities.

2) Task 3 (Deliverable D): Private Sector Models Developed, Implemented, and Assessed

- *Detailed approaches for school and pharmacy model and possibly the St. Luke's Medical Center will be developed in subsequent quarters. These may be initiated through a feasibility exercise, similar to that being adapted for the workplace approach.*

Upon USAID's advice and as agreed by the team, the school-based model will not be pursued. The team has also decided to put greater priority to the development of initiated and workplace models, pursuing the pharmacy model, but not prioritizing that in the next quarter.

- *Consensus needs to be reached regarding the DOTS protocol for TB in children.*

Team discussion of pediatric DOTS protocol has ceased, as the school-based DOTS model is no longer being pursued by the TIPS project.

3) Task 4 (Deliverable E): Replicate Models

- *The geographic scope of model replication needs to be more fully developed. The DOH and PHIC would like to see nation-wide implementation.*

As no activity has taken place on model replication, the scope of replication remains an issue to be discussed later in project implementation.

4) Task 5 (Deliverable F): Training, Certification, and Communication

- *The timing of the PHIC TB benefits package is important in the schedule of certification work, as well as in the development of a DOTS syllabus.*

The PHIC package was launched on April 1, 2003.

- *PhilCAT organizational development activities need to be initiated in order to integrate other coalition members into the work in this area.*

The strategic planning exercise was conducted with PhilCAT members and consensus was reached regarding that organization's vision, mission, objectives, key result areas, performance indicators and strategy. The programs are being developed and finalized and TIPS is committed to pursuing and even expediting the OD of PhilCAT.

- *A project-wide communications agenda will be developed upon the hiring of a communication and advocacy program advisor.*

Mr. Jose Ibarra A. Angeles joined the project as full-time communications and advocacy advisor in January 2003. In conjunction with Chemonics home office communications experts, he has been preparing an integrated communications strategy for the project.

V. STATUS TOWARD ACHIEVING SUSTAINABILITY OF EFFORTS

The project continued its efforts to develop links to service providers in the private sector. An important step was including the most advanced DOTS service providers in the model development. In the coming quarter, the involvement of these experts will be finalized through MOAs with the project and through initial certification of DOTS services by PhilCAT.

By working together with the Association of Private Medical Colleges in DOTS curriculum development and implementation, the project is ensuring that all medical schools in the country will be graduating DOTS-knowledgeable physicians. This DOTS curriculum for physicians will be cascaded to focus on other health professionals (nurses, medical technologists, midwives) in subsequent quarters.

PhilCAT organizational development will continue to be supported by the project. Technical assistance aimed at strengthening its secretariat will be expedited to allow for implementation of the subcontracting arrangement. The OD will include institution-building for training and certification of DOTS service provision. The institution building will follow a training-of-trainers approach, leading to the ultimate objective of PhilCAT relinquishing the training and certification tasks to appropriate organizations.

VI. PERFORMANCE OBJECTIVES FOR THE NEXT QUARTER

OBJECTIVES	TARGETS/ MAJOR ACTIVITIES
Deliverable A	
<ul style="list-style-type: none"> Finalize a performance monitoring plan. Undertake the baseline survey on KAP of private physicians on TB treatment. 	<ul style="list-style-type: none"> Get approval for TIPS performance monitoring plan. Prepare scope of work and issue task order to a BOA holder for the conduct of the survey.
Deliverable B/ Task 1	
<ul style="list-style-type: none"> Finalize the TB policy agenda and action plan for the policy intervention studies. 	<ul style="list-style-type: none"> Finish the TB Policy Assessment Study. Conduct consultation meeting on the policy agenda with the TB Policy Core Group. Present results of the study to USAID.
Deliverable C/ Task 2	
<ul style="list-style-type: none"> Prepare immediate OR work plan. 	<ul style="list-style-type: none"> Conduct situation analysis for the priority DOTS centers for pilot model development. Prepare SOWs/Task Orders for other priority OR studies.
Deliverable D/ Task 3	
<ul style="list-style-type: none"> Commence DOTS model development. 	<ul style="list-style-type: none"> Finalize implementation agreements with DOTS pilot model implementers. Pursue the DOTS model development plan.
Deliverable E/ Task 4	
<ul style="list-style-type: none"> Pursue OD of PhilCAT. 	<ul style="list-style-type: none"> Finalize PhilCAT's strategic plan. Prepare OD action plan. Commence TA to priority capacity-building activities. Perform an assessment of PhilCAT's capacity to receive a subcontract. Establish a phased program for subcontracting activities.

OBJECTIVES	TARGETS/ MAJOR ACTIVITIES
Deliverable F/ Task 5	
<ul style="list-style-type: none"> Formulate DOTS core syllabus for medical schools. Establish certification and QA system and secure approval from PhilCAT and PhilHealth. Commence Master TB Educator Award Process. Prepare TOT modules for DOTS service delivery and certification. 	<ul style="list-style-type: none"> Conclude the preparation of the DOTS core syllabus for medical schools and conduct workshop to secure comments and adoption of the syllabus from APMC. Conclude the preparation of the certification and quality assurance system for DOTS centers and seek formal approval from PhilCAT and PhilHealth. Prepare the terms of reference for the Master TB Educator, which shall include the concept, criteria and process for selection, scope of grant and deliverables. Manage a consultancy to prepare the training-of-trainers modules for DOTS service delivery and certification.
<ul style="list-style-type: none"> Develop an Integrated Communication Strategy and Plan. Develop and validate core project message(s). Develop specific communication interventions. 	<ul style="list-style-type: none"> Complete Integrated Communication Strategy in cooperation with HO. Formulate core message(s) and pre-test with primary audience. Develop architecture, design, and content plan of Philippine TIPS website. Finalize SOW for a consultancy to document a situational analysis of four DOTS centers. Design one project document (BoD) and publish in book form. Finalize SOW for a consultant to write one extended feature article. Develop and pre-test TIPS intranet. Finalize project identity formats.
Deliverable G/ Task 6	
<ul style="list-style-type: none"> Undertake groundwork studies on promoting reimbursement programs from private health groups. Establish financial viability of DOTS models. 	<ul style="list-style-type: none"> Commence the study on DOTS financing framework. Develop arrangement for PhilHealth and HMO complementation of outpatient TB benefit package. Undertake financial analysis of DOTS models.

VII. FINANCIAL REPORTS

The second quarter's expenditures total \$433,198. Please refer to Table 1 for the summary of cumulative expenditures for the three month period. Table 2 illustrates the summary of level of effort used this quarter. Table 3 details the projected expenditures for next quarter. The projected expenditures correspond with our work plan and activities anticipated in May-July 2003.